

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Colonel Rob Maness

ADDRESS (number and street)

PO Box 25

☐ Check if different  
than previously  
reported. (ACC)

MADISONVILLE

LA

70447

2. FEC IDENTIFICATION NUMBER ▼

C C00545285

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

☐ NEW  
(N)

OR

☒ AMENDED  
(A)

LA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)

☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 04 / 2014

in the  
State of

LA

(c) 30-Day **POST**-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y  
/ / / / / /

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2014

through

M M / D D / Y Y Y Y  
10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer

Dan Backer

Date

M M / D D / Y Y Y Y  
03 / 09 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)